United States 1	DISTRICT	Court
for	for the	
Middle Distric	ct of Florida	2020 DEC -3 PM 1: 19
Criminal	Division	GLERK US DISTRICT COUNT COOLE DISTRICT OF FLORIDA TAMPA FLORIDA
UNITED STATES OF AMERICA	Case No.	8:20 ev 2871736 AEP
<u> </u>		(to be filled in by the Clerk's Office)
Plaintiff(s)  (Write the full name of each plaintiff who is filing this complaint.  If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	Jury Trial:	(check one) Yes No
GOVERNOR OF NEW YORK ANDREW CUOMO et al	) 	
Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses have		

## **COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Non-Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	MOMMY'S ME TIME				
Address	2915 VERMONT AVE				
	LAKELAND	FL	33803		
	City	State	Zip Code		
County	POLK		•		
Telephone Number	8636147484				
E-Mail Address	MOMMYSMETIME642	1@GMAIL.COM			

### B. The Defendant(s)

Defendant No. 1

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

#### Name **ANDREW CUOMO GOVERNOR** Job or Title (if known) Address NYS State Capitol Building **ALBANY** NY 12224 City State Zip Code County **ALBANY** Telephone Number 1-518-474-8390 E-Mail Address (if known) Individual capacity Official capacity Defendant No. 2 Name Bill de Blasio Job or Title (if known) **MAYOR** Address City Hall **New York** NY City State Zip Code County **NEW YORK** Telephone Number 212-NEW-YORK E-Mail Address (if known)

Individual capacity

Official capacity

# Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

II.

officials?

	Defendant No. 3				
	Name	GAVIN NEWSOM			
	Job or Title (if known)	GOVERNOR OF CALIFORNIA			
	Address	1303 10TH STREET SUITE 1173			
		SACRAMENTO	CA	95814	
		City	State	Zip Code	
	County				
	Telephone Number E-Mail Address (if known)	(916)-445-2841			
		Individual capacity	Official capa	city	
	Defendant No. 4				
	Name	GRETCHEN WHITMORE	Ξ		
	Job or Title (if known)	GOVERNOR OF MICHIG	SAN		
	Address	PO BOX 30013			
		LANSING	MI	48909	
		City	State	Zip Code	
	County				
	Telephone Number	-			
	E-Mail Address (if known)				
		Individual capacity	Official capa	city	
Basis f	or Jurisdiction				
immun Federa	42 U.S.C. § 1983, you may sue state ities secured by the Constitution and al Bureau of Narcotics, 403 U.S. 388 utional rights.	[federal laws]." Under Bive	ens v. Six Unknown	Named Agents of	
A.	Are you bringing suit against (check	all that apply):			
	Federal officials (a Bivens claim	m)			
	State or local officials (a § 198	3 claim)			
В.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials? 25 CFR § 11.448 - Abuse of office.				
C.	Plaintiffs suing under <i>Bivens</i> may o are suing under <i>Bivens</i> , what consti				

	Defendant No. 35			
	Name	JAY INSLEE		
	Job or Title (if known)	GOVERNOR OF WASH	INGTON	
	Address	PO BOX 4002		
		OLYMPIA	WA	98504
		City	State	Zip Code
	County			
	Telephone Number E-Mail Address (if known)	(360)-902-4111		
		Individual capacity	Official capacity	
	Defendant No. 4 lo			
	Name	TONY EVERS		
	Job or Title (if known)	GOVERNOR OF WISCO		
	Address	115 EAST STATE CAPIT	<b>TOL</b>	
		MADISON	WI	53702
	County	City	State	Zip Code
	Telephone Number	(608)-266-1212		
	E-Mail Address (if known)	(000)-200-1212		
	.,	Individual capacity	✓ Official capacity	
Basi	s for Jurisdiction			
Fede	er 42 U.S.C. § 1983, you may sue stat unities secured by the Constitution an eral Bureau of Narcotics, 403 U.S. 38 titutional rights.	d Itederal laws]" Under Rive	one v Cir I Inlmoun Man	
A.	Are you bringing suit against (chec	k all that apply):		
	Federal officials (a Bivens cla	uim)		
	State or local officials (a § 19	83 claim)		
			nts, privileges, or immu	

Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

C.

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Pro Se 15 (Rev.	12/16) Complaint (	or Violetion	of Civil D	ichte Ales	Dairen
		TOPOGUOTI	OI CIVII K	irio (140ti–	-rnsoner)

П.

	Defendant No. 17					
	Name	TOM WOLF				
	Job or Title (if known)  GOVERNOR OF PENNSYLVANIA					
	Address	508 MAIN CAPTOL BLD	OG RM 240 REGIO	NAL OFFICE		
		HARRISBURG	PA	17120		
	Country	City	State	Zip Code		
	County Telephone Number	(747) 707 0407				
	E-Mail Address (if known)	(717)-787-0195	DA 00V			
	2 Man 1 Ladios (y known)	GOVCORRESPCRM@I	PA.GOV			
		Individual capacity	Official capa	city		
	Defendant No. 4					
	Name					
	Job or Title <i>(if known)</i> Address					
	Address					
		City		7: 0 1		
	County	City	State	Zip Code		
	Telephone Number					
	E-Mail Address (if known)					
		T. 32				
		Individual capacity	Official capa	city		
Basis	for Jurisdiction					
Feder	er 42 U.S.C. § 1983, you may sue state inities secured by the Constitution and ral Bureau of Narcotics, 403 U.S. 388 itutional rights.	d Hederal laws!" Under Ris	Cine I Indiana	. XI 1 4		
A.	Are you bringing suit against (check	k all that apply):				
	است					
	Federal officials (a Bivens cla	ım)				
	State or local officials (a § 19	83 claim)				
В.	Section 1983 allows claims allegin the Constitution and [federal laws] federal constitutional or statutory r 25 CFR § 11.448 - Abuse of office.	." 42 U.S.C. § 1983. If you ight(s) do you claim is/are be	are cuing under see	tion 1002 . 1		
C.	Plaintiffs suing under <i>Bivens</i> may of are suing under <i>Bivens</i> , what const officials?	only recover for the violation itutional right(s) do you clair	of certain constituents is/are being viola	tional rights. If you ted by federal		

LAW ENFORCEMENT OFFICERS ARE BEING COERCED AND FORCED TO ENFORCE UNCONSTITUTIONAL ORDINANCES BY WASTE OF RESOURCES AND EXTORTION WHILE THEY EXPLOIT THE FACTS OF COVID AND USE THEM TO PUSH LEGITIMACY LIES.

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

THESE OFFICIALS HAVE EXPLOITED THE FEAR OF COVID-19 TO ABRIDGE THE MOST BASIC CIVIL RIGHTS TO ALL SEVERAL UNITED STATES CITIZENS. COLOR ZONING THEM ACCORDING TO POSITIVE CASES IS NOTHING MORE THAN A METHOD OF UNCONSTITUTIONAL ABUSE OF OFFICE AND POWER THIS CAN NO LONGER BE TOLERATED.

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

  IN THE EXECUTIVE OFFICE OF THE GOVERNOR WHERE THEY MADE THE CALL THAT THE SCHOOLS IN NEW YORK WOULD BE SHUT DOWN AGAIN AGAINST THE CDC SUGGESTION OF A DANGER ZONE BEING ONLY 5% AND ANY OTHER STATE ORDINANCES THAT HAVE DEPRIVED MILLIONS OF CITIZENS FROM THE RIGHT TO PURSUE HAPPINESS LIBERTY AND MAINTAIN PROPERTY SUCH AS BUSINESSES
- B. What date and approximate time did the events giving rise to your claim(s) occur?
  11/19/2020 WHEN PUBLIC SERVICE NOTICE WAS GIVEN THAT SCHOOLS WOULD BE CLOSED AMIDST A RISE IN VIRUS CASES IN A TIME OF YEAR WHERE THAT INCREASE IN FLU LIKE VIRUSES IS QUITE NORMAL. ALL STARTING DATES OF COVID ORDINANCES
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

  TRYING TO CONTROL WHAT PEOPLE DO INSIDE THEIR HOMES THROUGH THE EXPLOITATION OF FEAR IS BEYOND UNCONSTITUTIONAL. THE CITIZENS OF THIS STATE HAVE BEEN CONDITIONED TO OBEY TO FEAR OF A VIRUS THAT IF HANDLED CORRECTLY COULD HAVE A VERY POSITIVE RECOVERY RATE. THESE MANDATES AND ORDINANCES ARE DOING NOTHING TO HELP THE VIRUS AND EVERYTHING TO OBLITERATE FREEDOMS. THESE ACTIONS ARE DAMAGING THE EDUCATION TO CHILDREN OF NEW YORK AND EDUCATION IS FUNDAMENTAL RIGHT. THIS IS AN ABUSE AND WASTE OF TAX DOLLARS AND THIS NEEDS TO STOP. THE ACTING PRESIDENT HAS A SOLUTION IN MOTION SO THERE IS NO NEED TO TREAT PEOPLE IN THE MANNER THAT YOU ARE. THEY HAVE THE RIGHT TO SELF DETERMINATION AS WELL AS SELF RESPOSIBILITY.

### IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I HAVE LOST COMPLETE CONFIDENCE IN THE PUBLIC TRUST. MY FAMILY IS LOSING THEIR RIGHT TO EDUCATION. ALL OF THE BASIC HUMAN RIGHTS ARE BEING RIPPED AWAY FROM THESE CITIZENS INFLICTING DAMAGES OF LOSS OF INCOME, PURSUITS OF HAPPINESS, ENJOYMENT OF LIFE, FREEDOM LIBERTY AND MORE.

### V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WOULD LIKE THE COURT TO MANDATE THAT GOVERNOR CUOMO RESIGN FROM HIS OFFICIAL POSITION AS WELL AS ALL GUILTY OFFICIALS OF ABUSING OFFICE AND PAY A RESTITUTION TO THE PEOPLE OF ALL AFFECTED AREAS IN THE AMOUNT OF \$2,000,00.00 GIVEN TO THE UNEMPLOYMENT ASSISTANCE PROGRAM OF THE ALL OF THE STATES AFFECTED AS WELL AS 2,000,000 TO THE STATE OF FLORIDA FOR HAVING TO BARE THE EMOTIONAL DISTRESS OF WORRY FOR THEIR FAMILY MEMBERS THAT THEY HAVE LIVING IN ANY OF THESE STATES. THEIR ACTIONS DO NOT JUST AFFECT THEIR OWN CITIZENS AS WE ARE THE UNITED STATES OF AMERICA AND WE SHOULD BE ACTING AS SO. THESE METHODS OF EXECUTION TO ENSURE SAFETY ARE NO LONGER SAFE AND THEY NO LONGER HAVE THE PUBLIC INTEREST AS A PRIORITY OVER POWER GREED AND CORRUPTION.

## VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	11/19/2020	
	Signature of Plaintiff Printed Name of Plaintiff	Bianca Velez Florida Notary	
В.	For Attorneys		
	Date of signing:		
	Signature of Attorney		
	Printed Name of Attorney		
	Bar Number		
	Name of Law Firm		
	Address		
		City State Zip Code	
	Telephone Number	•	
	E-mail Address		